

FILE # 01-125

BK 0396 PG 0100

PREPARED BY:

MCFALL LAW FIRM, LLC

7105 SWINNEA ROAD, SUITE 1

SOUTHAVEN, MS 38671

(662) 349-7780

STATE MS.-DE SOTO CO.
FILED

JUL 13 2 58 PM '01

DAVID FRED MILTON,
FRANKLIN EARL MILTON,
KAREN LOUISE PEYTON,
ANGELA RAY MILTON,
GRANTORS

BK 396 PG 100
W.S. FIRM, L.L.C.

QUITCLAIM DEED

TO

DAVID FRED MILTON and wife,
ANGELA RAY MILTON,
GRANTEES

FOR AND IN CONSIDERATION of the sum on Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, **DAVID FRED MILTON, FRANKLIN EARL MILTON, KAREN LOUISE PEYTON, ANGELA RAY MILTON,** do hereby sell, convey and warrant unto **DAVID FRED MILTON and wife, ANGELA RAY MILTON,** as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and particularly described as described as follows, to-wit:

Beginning at a point located 348.16 feet west and 53 feet north of the southeast corner of Section 5, Township 2 South, Range 8 West, DeSoto County, Mississippi, said point being on the north right of way of Church Road and the point of beginning. Thence North 87 degrees 39 minutes 58 seconds west 745.12 feet along the north right of way to a point. Thence North 01 degrees 59 minutes 17 seconds east 902.07 feet to a point; thence south 82 degrees 41 minutes 44 seconds east 325.86 feet to a point; thence south 03 degrees 22 minutes 37 seconds west 578.8 feet to a point; thence south 87 degrees 39 minutes 58 seconds east 441.84 feet to a point; thence south 03 degrees 22 minutes 37 seconds west 295.16 feet to the point of beginning and containing 9.4 acres, more or less. Lying in the Southeast Quarter of Section 5, Township 2 South, Range 8 West.

This is the same property as deeded to **DAVID FRED MILTON**, and incorrectly referred to as David Earl Milton, in body of Deed, in Quitclaim Deed in Book 258, Page 625, and a portion of this property was conveyed by Quitclaim Deed in Book 258, Page 629, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

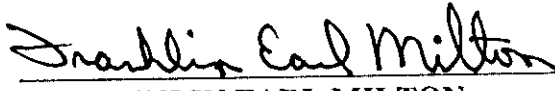
By Way of Further Explanation: David Earl Milton died on 3-18-96, and the Estate of David Earl Milton was filed in Cause No. 96-5-561, in which subject property was devised to Gladys Louise Milton. Further, Gladys Louise Milton died on 1-20-97, and the Estate of Gladys Louise Milton was filed in Cause No. 97-2-142, in which subject property was devised to Fred Milton, Frank Milton & Karen Louise Peyton. Angela Ray Milton hereby joins into the execution of this deed by way of her marriage to David Fred Milton.

This conveyance is made subject to any and all recorded liens, building restrictions, zoning ordinances, rights of way, easements, or mineral reservations applicable to the above described property.

WITNESS OUR SIGNATURES, this the 16th day of July, 2001.



DAVID FRED MILTON



FRANKLIN EARL MILTON



KAREN LOUISE PEYTON



ANGELA RAY MILTON

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction above mentioned appeared **DAVID FRED MILTON**, who being by me first duly sworn deposes and states on her oath that he has signed and delivered the above and foregoing Quitclaim Deed as his free and voluntary act for the purpose therein expressed.

SWORN TO AND SUBSCRIBED BEFORE ME, this the 6th day of July, 2001.

Cindy R. White
NOTARY PUBLIC

MY COMMISSION EXPIRES:

Notary Public State of Mississippi At Large
My Commission Expires: August 23, 2003
Bonded Thru Helden, Brooks & Garland, Inc.

STATE OF MISSISSIPPI
COUNTY OF DESOTO



THIS DAY PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction above mentioned appeared **FRANKLIN EARL MILTON**, who being by me first duly sworn deposes and states on his oath that he has signed and delivered the above and foregoing Quitclaim Deed as his free and voluntary act for the purpose therein expressed.

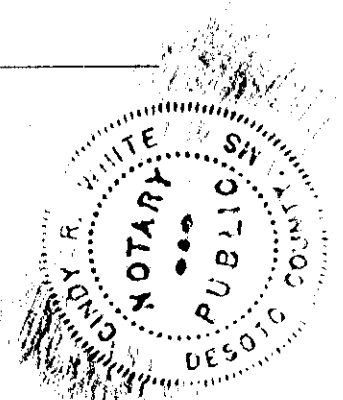
SWORN TO AND SUBSCRIBED BEFORE ME, this the 6th day of July, 2001.

Cindy R. White
NOTARY PUBLIC

MY COMMISSION EXPIRES:

Notary Public State of Mississippi At Large
My Commission Expires: August 23, 2003
Bonded Thru Helden, Brooks & Garland, Inc.

STATE OF MISSISSIPPI
COUNTY OF DESOTO



THIS DAY PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction above mentioned appeared **KAREN LOUISE PEYTON**, who being by me first duly sworn deposes and states on her oath that she has signed and delivered the above and foregoing Quitclaim Deed as her free and voluntary act for the purpose therein expressed.

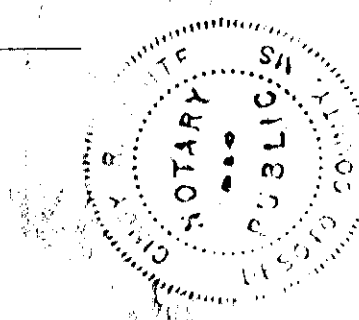
SWORN TO AND SUBSCRIBED BEFORE ME, this the 6th day of July, 2001.

Cindy R. White
NOTARY PUBLIC

MY COMMISSION EXPIRES:

Notary Public State of Mississippi At Large
My Commission Expires: August 23, 2003
Bonded Thru Helden, Brooks & Garland, Inc.

STATE OF MISSISSIPPI
COUNTY OF DESOTO



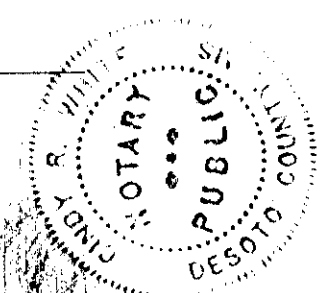
THIS DAY PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction above mentioned appeared **ANGELA RAY MILTON**, who being by me first duly sworn deposes and states on her oath that she has signed and delivered the above and foregoing Quitclaim Deed as her free and voluntary act for the purpose therein expressed.

SWORN TO AND SUBSCRIBED BEFORE ME, this the 6th day of July, 2001.

Cindy R. White
NOTARY PUBLIC

MY COMMISSION EXPIRES:

Notary Public State of Mississippi At Large
My Commission Expires: August 23, 2003
Bonded Thru Helden, Brooks & Garland, Inc.



Property Address: 4160 Church Road, Nesbit, MS 38651

GRANTOR ADDRESS
FRANKLIN EARL MILTON
5161 HORN LAKE ROAD
HORN LAKE, MS 38637
HM# 393-6436
WK# SAME

GRANTOR ADDRESS
DAVID FRED MILTON
4160 CHURCH ROAD
NESBIT, MS 38651
HM# 393-9674
WK# SAME

GRANTOR ADDRESS
KAREN LOUISE PEYTON
4465 TULANE ROAD
NESBIT, MS 38651
HM# 393-9674
WK# SAME

GRANTOR ADDRESS
ANGELA RAY MILTON
4160 CHURCH ROAD
NESBIT, MS 38651
HM# 393-9674
WK# SAME

GRANTEES ADDRESS
DAVID FRED MILTON
ANGELA RAY MILTON
4160 CHURCH ROAD
NESBIT, MS 38651
HM# 393-9674
WK# SAME

STATE FILE NUMBER
TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0396PG0103

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) David Earl Milton		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) Mar. 18, 1996
4. SOCIAL SECURITY NUMBER (of Decedent) 409-36-3122	5a. AGE - LAST BIRTHDAY (Years) 68	5b. DATE OF BIRTH (Month, Day, Year) Aug. 10, 1927	7. BIRTHPLACE (City and State or Foreign Country) Horn Lake, Ms.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Methodist Central Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Memphis	
9d. COUNTY OF DEATH Shelby		10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	
11. SURVIVING SPOUSE (If wife, give maiden name) Gladys Waldrop		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Switchman	
12b. KIND OF BUSINESS/INDUSTRY 11. Central RR		13a. RESIDENCE—STATE Ms.	
13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Horn Lake	
13d. STREET AND NUMBER OR RURAL LOCATION 4465 Tulane Rd.		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:	
15. RACE—American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	
17. FATHER'S NAME (First, Middle, Last) Dave Milton		18. MOTHER'S NAME (First, Middle, Maiden Surname) Daisy Dodson	
19a. INFORMANT'S NAME (Type/Print) Frank Milton		19b. RELATIONSHIP TO DECEASED Son	
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5155 Horn Lake Rd. Horn Lake, Ms. 38637		20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) New Bethlehem Cemetery		20c. LOCATION—City or Town, State Nesbit, Ms.	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Murray Littlejohn</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS 92	21c. SIGNATURE OF EMBALMER <i>Michael Tilghman</i>
21d. LICENSE NUMBER OF EMBALMER FS 810		22a. NAME AND ADDRESS OF FUNERAL HOME Hernando Funeral Home 315 Loshier St. Hernando, Ms. 38632	
22b. LICENSE NUMBER OF FUNERAL HOME FE 47		23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i> Deputy	
24. DATE FILED (Month, Day, Year) APR 09 1996		25a. PHYSICIAN—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>N. Mansour</i>	
25b. LICENSE NUMBER 026012		25c. DATE SIGNED (Month, Day, Year) 4/13/96	
26a. MEDICAL EXAMINER—On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER	
26c. DATE SIGNED (Month, Day, Year)		27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Narvar Mansour 1325 Eastmoreland Dr. Suite 150 Memphis, tn. 38104	
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Sepsis DUE TO (OR AS A CONSEQUENCE OF): GIT bleed / CVA Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST c. DUE TO (OR AS A CONSEQUENCE OF):		29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M	31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31d. DESCRIBE HOW INJURY OCCURRED		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

NAME OF DECEDENT:
For use by physician or institution

PHYSICIAN OR MEDICAL EXAMINER EXISTING CERTIFICATE MUST BE COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE
THIS IS A CERTIFICATE that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

Date Issued

APR 09 1996

by

Glenn D. Fouse
Glenn D. Fouse, Registrar
Vital Records Section

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK 0396 PG 0105

STATE FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
E HANDBOOK

NAME OF DECEASED:
For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) Gladys Louise Milton						2. SEX Female		3. DATE OF DEATH (Month, Day, Year) Jan. 20, 1997	
4. SOCIAL SECURITY NUMBER (of Decedent) 410-46-3933		5a. AGE - LAST BIRTHDAY (Years) 65		5b. UNDER 1 YEAR MOS _____ DAYS _____		5c. UNDER 1 DAY HOURS _____ MIN _____		6. DATE OF BIRTH (Month, Day, Year) July 9, 1931	
7. BIRTHPLACE (City and State or Foreign Country) Independence, Ms.		8. PLACE OF DEATH (Check only one) a. <input checked="" type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: _____ b. <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____							
9b. FACILITY NAME (If not institution, give street and number) Methodist Central Hospital						9c. CITY, TOWN, OR LOCATION OF DEATH Memphis			
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed						11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housewife	
12b. KIND OF BUSINESS/INDUSTRY Own Home						13a. RESIDENCE—STATE Ms.			
13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Nesbit		13d. STREET AND NUMBER OR RURAL LOCATION 4465 Tulane Rd.					
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 38651		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes: _____		15. RACE—American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____	
17. FATHER'S NAME (First, Middle, Last) Roy Waldrop						18. MOTHER'S NAME (First, Middle, Maiden Surname) Lela Busby			
19a. INFORMANT'S NAME (Type/Print) Frank Milton						19b. RELATIONSHIP TO DECEASED Son		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5155 Horn Lake Rd. Horn Lake, Ms. 38637	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) New Bethlehem Cemetery				20c. LOCATION—City or Town, State Nesbit, Ms.	
21a. SIGNATURE OF FUNERAL DIRECTOR Hary Jones				21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS 153		21c. SIGNATURE OF EMBALMER Eyon Browlee		21d. LICENSE NUMBER OF EMBALMER FS 794	
22a. NAME AND ADDRESS OF FUNERAL HOME Hernando Funeral Home 315 Losher ST. Hernando, Ms. 38632						22b. LICENSE NUMBER OF FUNERAL HOME FE 47			
23. REGISTRAR'S SIGNATURE Deputy						24. DATE FILED (Month, Day, Year) JAN 30 1997			
25a. PHYSICIAN — In the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1. SIGNATURE AND TITLE OF PHYSICIAN Dr. Reed Baskin						25b. LICENSE NUMBER 05786		25c. DATE SIGNED (Month, Day, Year) 1-24-97	
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2. SIGNATURE AND TITLE OF MEDICAL EXAMINER Dr. Reed Baskin						26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Reed Baskin 1325 Eastmoreland # 370 Memphis, Tn. 38104									
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Rectosigmoid Carcinoma DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)						31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

BIRTH NO

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

JAN 30 1997

Date Issued

by Glenn D. Fouse
Glenn D. Fouse, Registrar
Vital Records Section



BK0396PG0107

HEIRSHIP AFFIDAVIT

(Heirship of DAVID EARL MILTON Deceased)STATE OF MISSISSIPPICOUNTY OF DESOTORUTH MILTON VINSON, of lawful age,

being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for all his life years, and that affiant bears the following relationship to the said decedent, to-wit: sister

Affiant further states that the said decedent departed this life at Southaven in DeSoto County, State of Mississippi on or about March 18, 1996, being 68 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: YesQUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: Filed 5/6/96, DeSoto County Chancery Court; #96-5-561QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: No

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: _____

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No X

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: _____

GLADYS LUISE MILTON (died 1/20/97)If not living, state date of death 1/20/97

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER: Only one marriage.

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1 <u>Frank Earl Milton</u>	<u>6-16-54</u>		<u>Not Married</u>	
2 <u>Fred Milton</u>	<u>6-16-54</u>			
3 <u>Karen Louise Peyton</u>	<u>12-29-57</u>		<u>Divorced</u>	
4 _____				

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for. ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1 <u>None</u>				
2 _____				
3 _____				
4 _____				

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING DATE OF DEATH	NAME OF FATHER AND MOTHER
1	None			
2				
3				
4				

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1	N/A		
2			
3			
4			
5			

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: No

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1	N/A			
2				
3				
4				
5				

Ruth Milton Vinson
Signature of Affiant
RUTH MILTON VINSON

Subscribed and sworn to before me this 6th day of July, 2001.My commission expires
My Commission Expires March 14, 2005.

Dalbie W. McCann
Notary Public

CORROBORATION AFFIDAVIT

STATE OF MISSISSIPPI (To be signed by some person other than the one making the foregoing affidavit.)COUNTY OF DESOTOB. G. PERRY, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by RUTH MILTON VINSON is true to the personal knowledge of this affiant.

B. G. Perry
Signature of Corroborating Affiant

Subscribed and sworn to before me this 6th day of July, 19 2001.My commission expires
My Commission Expires March 14, 2005.

Dalbie W. McCann
Notary Public

(Heirship of GLADYS LOUISE MILTON Deceased)

STATE OF MISSISSIPPI } ss.
COUNTY OF DESOTO }

RUTH MILTIN VINSON , of lawful age.

That he was personally well acquainted with the above named decedent, during his lifetime, having known him for more than 40 years, and that affiant bears the following relationship to the said decedent, to-wit: sister-in-law ;

Affiant further states that the said decedent departed this life at Memphis, in Shelby County, State of Tennessee, on or about 1/20/97, 19 , being 65 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: Yes

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: Yes
2/3/97; Cause 97-2-142 Chancery Court of DeSoto County, MS.

QUESTION 3 - Has an administrator been appointed for the estate of said deceased?

ANSWER: N/A

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator.

ANSWER: N/A

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent.

ANSWER: Name None Address

If not living, state date of death 3/18/96

QUESTION 6 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER: No

QUESTION 7 - On the blank lines below, give the names and places of residence of all the surviving children of deceased, together with the other information called for:

ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS
				OR IF NOT LIVING DATE OF DEATH
1. FRANK EARL MILTON	6-16-54		Not Married	
2. FRED MILTON	6-16-54			
3. Karen Louise Peyton	12-29-57		Divorced	
4.				
5.				

QUESTION 8 -- Give below the names of any deceased children of the decedent, together with the other information called for:

ANSWER:	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	None				
2.					
3.					

QUESTION 9 -- Give the names of the children of any deceased son or daughter of the decedent:

ANSWER:	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	None			
2.				
3.				
4.				
5.				

QUESTION 10 -- Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

N/A

QUESTION 11 -- Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: None

QUESTION 12 -- If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters:

ANSWER:	NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING, DATE OF DEATH
1.	N/A			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Subscribed and sworn to before me this 6th day of July, 2001.

Ruth Milton Vinson
Affiant RUTH MILTON VINSON

My commission expires: March 14, 2005.

Notary Public

STATE OF MISSISSIPPI
COUNTY OF DESOTO

CORROBORATING AFFIDAVIT

(To be signed by some person other than the one making the foregoing affidavit.)

B. G. PERRY, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by RUTH MILTON VINSON is true to the personal knowledge of this affiant.

Subscribed and sworn to before me this 6th day of July, 2001.

My commission expires: March 14, 2005.

Notary Public

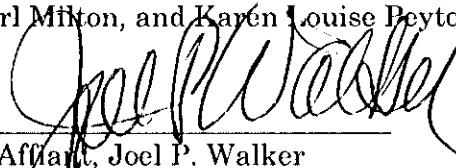
NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.

AFFIDAVIT OF HEIRSHIP

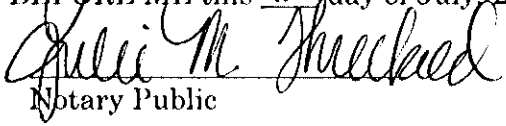
STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned notary in and for said county and state, the within named JOEL P. WALKER, of lawful age, being first duly sworn and states upon oath the following:

1. That he was personally acquainted with David Earl Milton and wife, Gladys Louise Milton, and bears no relationship to them.
2. Affiant further states that David Earl Milton died on March 18, 1996, and Gladys Louise Milton died on January 20, 1997.
3. Affiant further states that they were both residents of DeSoto County, Mississippi, and were his neighbors all of his adult life.
4. Affiant further states that he is well acquainted with the family of David Earl Milton and wife, Gladys Louise Milton, and that they had three children, now all adults, David Fred Milton, Franklin Earl Milton, and Karen Louise Peyton.


Affiant, Joel P. Walker

SWORN TO AND SUBSCRIBED BEFORE ME this 6th day of July, 2001.


Notary Public

My Commission Expires:

April 26, 2003

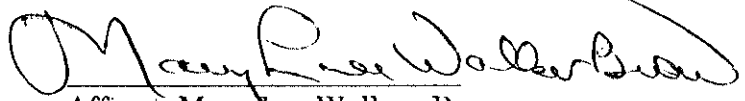


AFFIDAVIT OF HEIRSHIP


STATE OF MISSISSIPPI
COUNTY OF DESOTO

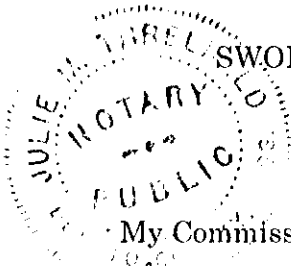
THIS DAY personally appeared before me, the undersigned notary in and for said county and state, the within named MARY LEE WALKER BROWN, of lawful age, being first duly sworn and states upon oath the following:

1. That she was personally acquainted with David Earl Milton and wife, Gladys Louise Milton, and bears no relationship to them.
2. Affiant further states that David Earl Milton died on March 18, 1996, and Gladys Louise Milton died on January 20, 1997.
3. Affiant further states that they were both residents of DeSoto County, Mississippi, and were her neighbors for twenty-four years.
4. Affiant further states that she is well acquainted with the family of David Earl Milton and wife, Gladys Louise Milton, and that they had three children, now all adults, David Fred Milton, Franklin Earl Milton, and Karen Louise Peyton.


Affiant, Mary Lee Walker Brown

SWORN TO AND SUBSCRIBED BEFORE ME this 6th day of July, 2001.


Notary Public



My Commission Expires:

April 26, 2003